

Wisconsin Department of Safety and Professional Services

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Madison, WI 53703
E-Mail: dspd@wisconsin.gov
Website: <http://dspd.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

AFFIDAVIT REGARDING SUPERVISORY EXPERIENCE FOR CLINICAL SUPERVISOR

(To be completed by supervisor only)

APPLICANT: Complete this Section and forward to your Supervisor.

Type of credential applying for: (check a box) ☐ Intermediate CS ☐ Independent CS

Last Name

First Name

MI

Former / Maiden Name(s)

Signature of Applicant:

Date:

SUPERVISOR: Complete section below and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 261-7083 or dspd@wisconsin.gov.

Name of Agency where work experience was gained:

Address of Agency where supervised experience was gained: (city, state, zip)

Supervisor's Name:

Supervisor's Credential Number:

Profession Supervisor is Credentialed:

Beginning and Ending dates of this supervised professional substance abuse counseling experience:

From: / / To: /

Check statement that applies:

☐ **Intermediate CS**

I am a supervisor holding the credential named above and I have supervised the above applicant for one year of clinical supervisory experience. The applicant's supervisory experience included 200 contact hours of face-to-face clinical supervision of counselors.

☐ **Independent CS**

I am a supervisor holding the credential named above and I have supervised the above applicant for two (2) years of clinical supervisory experience. The applicant's supervisory experience included 200 contact hours of face-to-face clinical supervision of counselors.

I swear that the foregoing information is true and accurate, that the candidate for licensure has met the requirements of Wis. Admin. Code § SPS 161 and I am knowledgeable in psychopharmacology and addiction treatment.

Signature:

Date:

(Signature of a current supervisor is acceptable, even if the experience was completed at a previous place of employment.)